MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 69/83-108

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1		1			
	1		1		2
	1		1		2
	1		1		2
	1		1		2
	7		1		2
	0		1		2
	0				2
	0		1		2
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	0				2
1	1	1			
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	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL (1st Amendment): 2 / 18 / 20

TOTAL (2nd Amendment): 40 / 72

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS